

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29230
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper
(b) Township Marion
(c) City
(d) Street No. 408
Primary Registration District No. 5562
Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Betty Jene Cordell

(a) Residence, No. Carthage, Mo. Route 4 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 10, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
9 5 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. student
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Missouri

13. NAME George Cordell

14. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

15. MAIDEN NAME Viva Crum Cordell

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Mrs. Charles Cordell
(ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery Date August 2, 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED Aug. 2, 1938 E. J. McEntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938, to July 31, 1938.
I last saw her alive on July 30, 1938. Death is said to have occurred on the date stated above, at 7:40 a. m.
The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis
Date of onset 18 days ago
Other contributory causes of importance: 24

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Russell Smith, M. D.
(Address) Carthage, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-22

Date Filed 9/19/38

STATEMENT BY LICENSED EMBALMER

I, Edlucenas, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Edlucenas

Licensed Embalmer No. 2222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)